

VERMONT TITLE XXI STATE PLAN FACT SHEET

Name of Plan:	Dr. Dynasaur
Date Plan Submitted:	November 6, 1998
Date Plan Approved:	December 15, 1998
Date Plan Effective:	October 1, 1998
Date First Amendment Submitted:	June 9, 1999
Date First Amendment Approved:	August 11, 1999
Date First Amendment Effective:	October 1, 1999
Date Second Amendment Submitted:	December 1, 1999
Date Second Amendment Approved:	February 28, 2000
Date Second Amendment Effective:	December 1, 1999
Date Third Amendment Submitted:	June 20, 2000
Date Third Amendment Approved:	January 19, 2001
Date Third Amendment Effective:	February 1, 2001
Date Fourth Amendment Submitted:	June 28, 2002
Date Fourth Amendment Approved:	September 19, 2002

Background

- Vermont's Title XXI plan created a separate child health insurance program to cover children up to or through age 18 in families with incomes between 225 and 300 percent of the Federal poverty level (FPL). Vermont's Medicaid Program covers uninsured children up to 225 percent of the FPL, and underinsured children up to 300 percent of the FPL. (The State's section 1115 demonstration, the Vermont Health Access Plan, was amended on November 6, 1998, to expand coverage to underinsured children up to 300 percent of the FPL.) This program is funded under Medicaid at the regular Federal Medical Assistance Percentage (FMAP).

Amendments

- Vermont submitted its first amendment on June 9, 1999. This amendment increased monthly premiums in both the Section 1115 demonstration and title XXI programs.
- Vermont submitted its second amendment on December 1, 1999. This amendment implemented a primary care case management (PCCM) delivery system. The PCCM delivery system is the same as that used under the State's approved section 1115 demonstration.

- Vermont submitted its third amendment on June 20, 2000. This amendment further increased premiums in the program. This amendment also exempts American Indian/Alaskan Native (AI/AN) children from cost sharing.
- Vermont submitted its fourth amendment on June 28, 2002. This amendment updated and amended the SCHIP State Plan to indicate the State's compliance with the final SCHIP regulations.

Children Covered Under Program

- Vermont reported 2,996 children ever enrolled under SCHIP for FY 2001.

Administration

- The Title XXI Program is administered by the Office of Vermont Health Access, which also administers Vermont's Medicaid program.

Health Care Delivery System

- Health services to children under Vermont's Title XXI plan were originally provided by the two MCOs providing services under the State's approved comprehensive Medicaid health care reform demonstration, the Vermont Health Access Plan (VHAP). With the withdrawal of one of the two MCOs and the anticipated exit of the other, the State converted to a PCCM model with fee for service reimbursement through demonstration amendments approved by HCFA on September 29, 1999, and October 28, 1999. The amendment to the Title XXI plan submitted on December 1, 1999, implemented the PCCM model for targeted low-income children under SCHIP.

Benefit Package

- The package of services for the Title XXI program is the same benefit package currently provided through Vermont's Medicaid program.

Cost Sharing

- A monthly premium of \$50 per household. Since premiums cannot exceed \$600 per household per annum, it is ensured that no household in the Title XXI program will have cost-sharing contributions that exceed the statutorily mandated 5 percent maximum. (Cost sharing would have to exceed approximately \$1,266 per annum for a household of two at 225 percent of the FPL to exceed the 5 percent maximum.)
- AI/AN children are exempt from cost sharing.

Coordination Between Separate Child Health Program and Medicaid

- Vermont determines eligibility for the SCHIP program using the same system it uses for the Medicaid program; eligibility determination for SCHIP and Medicaid are fully integrated. Those children who meet eligibility requirements and who have family income between 225 and 300 percent of the FPL and are uninsured are assigned an eligibility code for the SCHIP program; those children who meet eligibility requirements and who have family income up to 225 percent of the FPL are assigned an eligibility code for the Medicaid program.

Crowd-Out Strategy

Applicants who had health insurance coverage within 1 month of the date of eligibility determination for the SCHIP program will not be eligible unless the insurance is lost during this period because of loss of employment, death or divorce, or loss of eligibility for coverage as a dependent under a policy held by a parent.

Outreach Activities

- Outreach for the SCHIP program is integrated with existing outreach activities for the Medicaid program. Such activities include: a multi-media campaign, including print, brochures, and flyers; outreach through community groups; and, educational sessions in community locations, and a toll-free telephone line which individuals can call to learn about the program.

Financial Information

Enhanced Federal Matching Rate FY'02: 74.14%
SCHIP Allotment FY'02: \$3,740,343

FY 2002

State Share --	\$795,079
Federal Share --	\$2,279,473
Total -	\$3,074,552

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